

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91782 011 \*\*\*158.75

**DOCUMENT # P00000100566**

1. Entity Name  
**MC MULLEN INDUSTRIES, INC.**



Principal Place of Business  
**1920 S. CONFERENCE DRIVE  
BOCA RATON FL 33486**

Mailing Address  
**1920 S. CONFERENCE DRIVE  
BOCA RATON FL 33486**

*Industries*

*Industries*

2. **McMullen Enterprises, Inc.**

3. **McMullen Enterprises, Inc.**

**347 NE 5th Ave. Suite 300  
Delray Beach, FL 33483  
(561) 278-3000 Phone  
(561) 278-3400 Fax**

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Delray Beach, FL 33483  
(561) 278-3000 Phone  
(561) 278-3400 Fax**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1051351**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMULLEN, DAN  
1920 S. CONFERENCE DRIVE  
BOCA RATON FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dan McMullen As Registered Agent of McMullen Industries, Inc.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **MCMULLEN, DAN**  
STREET ADDRESS **1920 S. CONFERENCE DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MCMULLEN, CYNTHIA**  
STREET ADDRESS **1920 S. CONFERENCE DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dan McMullen As Registered Agent of McMullen Industries, Inc.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)